###  Recommended Summary Plan for Emergency Care and Treatment

**Adopter Site Requirements for Implementation:**

|  |  |
| --- | --- |
| Name of health and care community: |  |
| Name of main ReSPECT contact: |  |
| Email of main ReSPECT contact: |  |
| Main telephone contact: |  |
| Is there a full-time funded project manager?If not please provide name and email address of the clinical leads for: Acute Trust CCGAmbulance ServicePrimary Care |  |
| List all localities and organisations covered by this setting such as Mental Health, CCG’s, Hospices etc. |  |
| Will ReSPECT be used to cover children? If not, please give reasons: |  |
| Planned launch date: |  |
| Actual date of adoption: |  |
| Planned frequency of audit |  |

|  |  |
| --- | --- |
| *I confirm that I give consent for the Resuscitation Council to hold my contact details for the purposes of ReSPECT:* |  |
| *Please also confirm whether you are happy for your details to be shared with other health and care providers within my community?* |  |

**Declaration:**

*I am the lead person for the implementation of ReSPECT in my health and care community, as detailed above, and I certify that our health and care community will undertake to adhere to the requirements set out below.*

*Should it become apparent at any point that there may be a risk of being unable to fulfil any of the requirements, I undertake to inform the Resuscitation Council (UK) [RC (UK)] at the earliest opportunity and put in place necessary measures to prevent or mitigate any negative impact of this on patient care.*

*I undertake also to notify the RC (UK) of any changes in lead individual(s) for ReSPECT in our health and care community*

Signed: Date:

Print name: Role:

**Requirement for the implementation and ongoing delivery of ReSPECT**

Commitment

* Confirmation, in writing, of full commitment to the project by the executive board/ commissioners/ key stakeholder groups relevant to each specific health or care setting.
* A copy of this confirmation to be provided to the Resuscitation Council.

Leadership

* Commitment to the identification of an individual who will play the key role in the implementation of ReSPECT; ideally, commitment to resource, recruit and support a dedicated Project Manager for ReSPECT implementation.
* Identification of a Governance lead and clarity about how the implementation of ReSPECT will fit into other governance structures within each health and care setting.

Locality

* Identification of the locality across which ReSPECT will be implemented.
* Commitment to the handling of local enquiries from interested patients and carers and the signposting to local arrangements

Process

* Agreement to follow the ReSPECT ‘Implementation Roadmap’ and ‘Act and Adopt’. guidance, having also read, understood and shared with key stakeholders the materials in the ReSPECT Implementation Pack.

Audit

* Commitment to ensure that any impact on safety and quality is monitored, evaluated and acted upon as necessary.
* Commitment to where practical undertake regular audit.
* Commitment to act on any areas of concerns identified by audits undertaken elsewhere.
* Commitment to report on audits (when they have been undertaken) to the RC (UK), containing data that will be recommended by the RC (UK): the data required may change in the future as use of ReSPECT develops further.
* Commitment to report promptly to the RC (UK) any serious incidents or adverse outcomes from the use or misuse of ReSPECT.

Form / Proforma

* Agreement to use the ReSPECT form without any alteration or addition, including without the addition of logos.
* Agreement to make the form available in colour wherever possible, and acknowledgement of the potential disadvantage of using a black-and-white version of the original.
* Agreement to avoid copying ReSPECT forms wherever possible, and that where copies are required for local process, they will all be marked clearly “COPY”.
* Commitment to ensure that the most recent versions of ReSPECT documents are used, as available on [www.respectprocess.org.uk](http://www.respectprocess.org.uk) or from the RC (UK).

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Education

* Commitment to the ongoing education and training of staff in the proper use of ReSPECT as a process (i.e. not just form completion).

Engagement

* Engagement with opportunities for feedback and learning afforded by national stakeholder updates and events co-ordinated by the RC (UK).

Integration

* Commitment to integration of ReSPECT into existing and planned local and regional electronic health and care records where feasible and appropriate.

**Operational delivery**

* Incorporate ReSPECT training alongside training in topics such as resuscitation, mental capacity, consent, breaking bad news.
* Amend operational policies to reflect and include ReSPECT.
* Confirm where ReSPECT forms will be needed – e.g. GP surgeries, hospital wards, outpatient clinics, nursing homes, care homes, hospices, with community/specialist nurses.
* Confirm how ReSPECT process information and/or documents will be integrated into existing local systems and ACP documentation processes.
* Make arrangements for printing of all ReSPECT documents and establish how each health or care setting can obtain or print supplies of relevant documents.
* Monitor and review implementation at key intervals in the organisation(s) involved.
* Provide feedback to relevant committees and governing bodies to monitor compliance, address safety issues and review operational policies in line with practice.